

QUESTIONS ON POLICIES AND BENEFITS

If at any time you have a question regarding your employment with CMS or our policies and benefits, you are encouraged to take the following steps in getting your question answered:

1. Refer to the *Employee Success Guide* manual and other material you may have received, such as the *Summary Plan Descriptions* for the various insurance programs available.
2. If you have a question that is not addressed in the materials or you are still unclear, please check with your **Supervisor** and/or **Site Manager**. He/She can answer most questions you might have or obtain an answer for you.
3. If your Supervisor or Site Manager is unavailable or unable to answer your question, you may contact the CMS Central Office **Human Resources Department** in St. Louis at 800-325-4809.

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CHARTER

Correctional Medical Services (CMS), the nation's leading provider of correctional healthcare services, is dedicated to successfully integrating managed care practices with the unique requirement of security environments.

CMS offers cost-effective, quality services in response to customer needs, striving to develop mutual trust with clients through open communication, consistent performance and responsiveness to changing system needs.

CMS values its employees for their professionalism, spirit of service and teamwork. Our staff are chosen for their ability to provide care consistent with industry standards, for their commitment to be a member of a correctional team, and for treating each inmate with dignity.

ACKNOWLEDGMENT

I hereby acknowledge receipt of the January 2002, CMS *Employee Success Guide*. I agree to familiarize myself with the Guide's contents. I realize that the Guide contains Company policies and procedures, but is not intended to be a complete and exhaustive explanation of those policies and procedures. I also understand that CMS reserves the right to change its policies and procedures as it decides necessary. I understand that this Guide does not constitute a contract of employment. I understand that I have the right to resign from employment at CMS any time and for any reason, and that CMS has the same right to terminate my employment at any time, with or without cause.

I also understand that should I leave the employ of CMS, any Paid Time-Off taken but not earned will be deducted from my final paycheck, where applicable and appropriate, according to the published schedule herein.

I agree to return this Guide upon completion of my employment.

Date: _____

Your Signature: _____

Your Printed Name: _____

Facility: _____

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Date:

5/22/02

Your Signature:

Sheila J. Porter

Your Printed Name:

Sheila J. Porter

Facility:

SCHOC

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